


For use of this form, see AR 710-2-1, the proponent agency is DCS, G-4.

UNIT		RANGE AND LOCATION
DOCUMENT NO.	DATE	

[illegible]

I certify that I saw the above items consumed during training on (indicate date)

I certify that I saw the above items consumed during training on <i>(indicate date)</i> 		DATE
NAME <i>(Typed or Printed)</i>	SIGNATURE	
UNIT	POSITION	